

AMENDED IN ASSEMBLY MAY 23, 2014

AMENDED IN ASSEMBLY APRIL 8, 2014

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CALIFORNIA LEGISLATURE—2013–14 REGULAR SESSION

ASSEMBLY BILL

No. 1744

**Introduced by Assembly Member Brown
(Principal coauthor: Assembly Member Atkins)
(Coauthors: Assembly Members Cooley, Levine, Waldron, and
Yamada)**

February 14, 2014

An act to add Section 9104 to the Welfare and Institutions Code, relating to aging.

LEGISLATIVE COUNSEL'S DIGEST

AB 1744, as amended, Brown. California Department of Aging.

The Mello-Granlund Older Californians Act creates the California Department of Aging to provide leadership to the area agencies on aging in developing systems of home- and community-based services that maintain individuals in their own homes or least restrictive homelike environments. Existing law requires the department, in accomplishing its mission, to consider available data and population trends in developing programs and policies, collaborate with area agencies on aging, the California Commission on Aging, and other state and local agencies.

This bill would require the department, *upon securing \$200,000 in nonstate funds from private sources for purposes of implementing the bill*, to convene a blue-ribbon panel, comprised of at least ~~12~~ 13 members, as specified, to make legislative recommendations to improve

services for unpaid and family caregivers in California, as provided. The bill would require the committee to prepare a report of its findings and recommendations and provide it to the Legislature on or before July 1, 2016. The bill would make related findings and declarations.

Vote: majority. Appropriation: no. Fiscal committee: yes.
State-mandated local program: no.

The people of the State of California do enact as follows:

1 SECTION 1. This act shall be known, and may be cited, as the
2 California Caregiver Act of 2014.

3 SEC. 2. The Legislature finds and declares all of the following:

4 (a) A caregiver can be any relative, partner, friend, or neighbor
5 who has a significant relationship with, and who provides a broad
6 range of assistance to, an older person or an adult with a chronic
7 or disabling condition.

8 (b) At present, there is no complete inventory of caregiving
9 programs available to Californians performing unpaid caregiving
10 services for an aging or disabled family member, friend, or
11 neighbor.

12 (c) Rising demand and shrinking families to provide caregiving
13 support suggest that California needs a comprehensive person-
14 and family-centered policy for long-term services and supports
15 systems that would better serve the needs of older persons with
16 disabilities, support family and friends in their caregiving roles,
17 and promote greater efficiencies in public spending.

18 (d) California ranked 30th out of 50 states and the District of
19 Columbia on the 2011 State Long-Term Services and Supports
20 Scorecard sponsored by the SCAN Foundation, American
21 Association of Retired Persons (AARP), and the Commonwealth
22 Fund.

23 (e) Family support is a key driver in remaining in one's home
24 and community, but it comes at substantial costs to the caregivers,
25 their families, and to society. If family caregivers were no longer
26 available, the economic cost to California's health care and
27 long-term services and supports systems would increase
28 astronomically.

29 (f) In 2009, approximately 4 million family caregivers in
30 California provided care to an adult with limitations in daily

1 activities at any given point in time, and over 5.8 million provided
2 care at some time during the year.

3 (g) In 2009, California's family caregivers provided an estimated
4 3,850,000,000 hours of unpaid labor caring for their loved ones.
5 The estimated economic value of their unpaid contributions was
6 approximately \$47 billion.

7 (h) In 2009, 59 percent of all family caregivers were employed
8 full or part time. Family caregivers typically spend 20 hours a
9 week caring for a family member who needs help with bathing,
10 dressing, and other kinds of personal care, as well as household
11 tasks such as shopping and managing finances.

12 (i) Nationally, 46 percent of family caregivers performed
13 medical or nursing tasks for care recipients with multiple chronic
14 physical and cognitive conditions. More than three-quarters of
15 family caregivers who provided medical or nursing tasks were
16 managing medications, including administering intravenous fluids
17 and injections.

18 (j) Almost one-half of family caregivers were administering
19 five to nine prescription medications a day, and one in five was
20 helping with 10 or more prescription medications a day. Yet, 61
21 percent of these caregivers reported that they trained themselves
22 to perform medication management.

23 (k) Only 31 percent of caregivers reported being visited at home
24 by a health care professional. In addition, 27 percent of caregivers
25 report that they have no additional assistance from a family
26 member, health care professional, or home health aide.

27 (l) Nationally, more than 8 in 10 caregivers are over ~~the~~ 50 years
28 of age ~~of 50~~. Family caregivers are aging and are increasingly from
29 diverse social, racial, ethnic, and political backgrounds.

30 (m) For many families in the midst of caregiving, there is deep
31 worry and concern about the quality of care and quality of life.

32 (n) Families do not know who to call or where to go to get the
33 right kind of affordable help when they need it.

34 (o) In just 13 years, as the baby boomers age into their 80s, the
35 decline in the caregiver support ratio is projected to shift from a
36 slow decline to a free fall in California.

37 (p) To avoid bankrupting our health and social service systems
38 serving the elderly and persons with disabilities, it is imperative
39 that California prepare by identifying strategies that will promote

1 appropriate, person-centered services for families struggling with
2 providing care to a family member.

3 (q) It is in the interest of the state to better serve the
4 approximately 4,000,000 families statewide who are currently
5 struggling to care for an aging or disabled family member, many
6 of whom are also in the workforce.

7 (r) There is an immense need for caregiving resources and
8 services. As California's population ages and as California becomes
9 increasingly diverse, it is also in the interest of the state to
10 adequately serve the following emerging caregiver populations:

11 (1) Caregivers from the Black, Latino, Asian American, and
12 Pacific Islander communities.

13 (2) Families of individuals with developmental disabilities.

14 (3) Persons who cannot access or are not eligible for existing
15 caregiver support programs.

16 (4) Non-English speakers, and ethnically and racially diverse
17 populations that need caregiving programs to be provided in a
18 culturally and linguistically appropriate manner.

19 (5) Those in the lesbian, gay, bisexual, and transgender
20 community.

21 (6) Rural residents.

22 SEC. 3. Section 9104 is added to the Welfare and Institutions
23 Code, to read:

24 9104. (a) The department shall, *upon securing two hundred*
25 *thousand dollars (\$200,000) of nonstate funds from private sources*
26 *for the purpose of implementing this section*, convene a blue-ribbon
27 panel on family caregiving and long-term services and supports.
28 The panel shall be jointly chaired by the director of the department
29 or his or her designee and a representative elected by the members
30 of the panel. ~~All decisions regarding the expenditure of state funds~~
31 ~~shall be made by the department representative. The~~

32 (b) ~~The panel shall be comprised of at least 12 members; 13~~
33 ~~members~~, each of whom shall be representative of one or more of
34 the following categories:

35 (1) A person with experience in the field of academic research
36 on caregiving.

37 (2) A family caregiver for an adult with a chronic or disabling
38 condition.

39 (3) A representative of the mental health community.

40 (4) A representative of the California caregiver resource centers.

1 (5) A representative of the national Alzheimer’s Association.

2 (6) A representative of an organization that provides
3 community-based adult services.

4 (7) A representative of an organization that provides an adult
5 day program.

6 (8) A representative of an organization that provides services
7 to caregivers.

8 (9) A representative of an unpaid or family caregiver consumer
9 organization.

10 (10) A representative with expertise in and knowledge of the
11 specific needs of culturally and linguistically diverse caregivers
12 and the unique challenges of delivering services to family
13 caregivers who face cultural or linguistic barriers.

14 (11) An adult with a chronic or disabling condition who receives
15 care from an unpaid caregiver or family member.

16 (12) *A director or designated representative of an area agency*
17 *on aging.*

18 ~~(b)~~

19 (c) The blue-ribbon panel shall do all of the following:

20 (1) Review the current policies and practices of state, local, and
21 community programs available to caregivers of adults with chronic
22 or disabling conditions, and consider how the needs of family
23 caregivers should be assessed and addressed so that they can
24 continue in their caregiving role without being overburdened.

25 (2) Consider the recommendations of other state plans,
26 including, but not limited to, the Olmstead Plan, the Long-Range
27 Strategic Plan on Aging, the State Plan for Alzheimer’s Disease,
28 and the State Plan on Aging.

29 (3) Compile an inventory of the resources available to family
30 caregivers.

31 (4) Determine gaps in services to family caregivers and identify
32 barriers to participation in current programs.

33 (5) Consider cultural and linguistic factors that impact caregivers
34 and care recipients who are from diverse populations.

35 (6) Consult with a broad range of stakeholders, including, but
36 not limited to, people diagnosed with Alzheimer’s disease, adults
37 with disabling or chronic conditions, family caregivers,
38 community-based and institutional providers, caregiving
39 researchers and academicians, formal caregivers, the Caregiver

1 Resource Centers, the California Commission on Aging, and other
2 state entities.

3 (7) Solicit testimony on the needs of family caregivers, including
4 the designation of caregivers, training, respite services, medical
5 leave policies, delegation of tasks to nonmedical aides, and other
6 policies.

7 (8) Identify best practices both in California and in other states.

8 (9) Explore expanding those best practices in caregiving
9 programs to populations that are not currently targeted.

10 (10) Develop at least three legislative recommendations to
11 improve the provision of services for unpaid and family caregivers
12 in California. These recommendations shall address all of the
13 following:

14 (A) Community-based support for California's diverse
15 population of caregivers for adults with chronic or disabling
16 conditions.

17 (B) Choices for care and residence for persons with Alzheimer's
18 disease and their families.

19 (C) The family caregiving competence of health care
20 professionals.

21 (11) Prepare and provide to the Legislature a report of its
22 findings and recommendations on or before July 1, 2016.

23 ~~(12) Provide ongoing advice and assistance to the department~~
24 ~~and the Legislature as to the needs and priorities of unpaid and~~
25 ~~relative caregivers.~~

26 ~~(e)~~

27 (d) (1) Members shall serve without compensation, but shall
28 receive reimbursement for travel and other necessary expenses
29 actually incurred in the performance of their official duties.

30 (2) The panel shall meet on a bimonthly basis.

31 (3) All meetings of the panel shall be open to the public and
32 adequate notice shall be provided in accordance with the
33 Bagley-Keene Open Meeting Act (Article 9 (commencing with
34 Section 11120) of Chapter 1 of Part 1 of Division 3 of Title 2 of
35 the Government Code).

36 ~~(d)~~

37 (e) (1) The requirement for submitting a report imposed under
38 paragraph (11) of subdivision ~~(b)~~ (c) is inoperative on July 1, 2020,
39 pursuant to Section 10231.5 of the Government Code.

1 (2) A report to be submitted pursuant to paragraph (11) of
2 subdivision ~~(b)~~ (c) shall be submitted in compliance with Section
3 9795 of the Government Code.

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